



<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/690,159
		Filing Date	October 16, 2003
		First Named Inventor	Mark A. Michalicek
		Art Unit	2818
		Examiner Name	Thao P. Le
Total Number of Pages in this Submission	11	Attorney Docket Number	AFD 625

ENCLOSURES <i>(check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts / Incomplete Application: <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to a Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT	
Firm or Individual Name	GERALD B. HOLLINS
Signature	
Date	22 March 2005

#### CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

Typed or printed name

GERALD B. HOLLINS

Date

March 22, 2005

MAR 24 2005

Effective on 12/8/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL  
for FY 2005**

 Applicant claims small entity status. See 37 CFR 1.27.
**TOTAL AMOUNT OF PAYMENT**(\$)  
600.00**Complete if Known**

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<b>Examiner Name</b>	Thao P. Le
<b>Group Art Unit</b>	2818
<b>Attorney Docket Number</b>	AFD 625

**METHOD OF PAYMENT** (check all that apply)

Check    Credit Card    Money Order    None    Other (please identify): \_\_\_\_\_

Deposit Account   Deposit Account Number AF 01-0465   Deposit Account Name: Department of the Air Force

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Provisional	200	100	0	0	0	0	0

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee (\$)  
50

25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Fee (\$)  
200

100

Multiple dependent claims

Fee (\$)  
360

180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
33	- 21 or HP = 8	x 50	= 400	Fee (\$) 360
HP = highest number of total claims paid for, if greater than 20				Fee Paid (\$) 0

  

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
5	- 4 or HP = 1	x 200	= 200	Fee (\$) 360

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
x 100 =	0	/ 50 = 0 (round up to a whole number)	x 250	= 0

**4. OTHER FEES**

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

Fee Paid (\$)  
0**SUBMITTED BY**

Signature	<i>Gerald B Hollins</i>	Registration. No. (Attorney/Agent)	25,452	Telephone	(937) 255-2838
Name (Print/Type)	GERALD B. HOLLINS			Date	

Signature		Registration. No. (Attorney/Agent)		Telephone	
Name (Print/Type)				Date	